

**South Carolina Department of Health and Human Services  
LIF WORKSHEET**

|  |   |                                     |  |   |
|--|---|-------------------------------------|--|---|
| <b>Primary Individual</b>                  |   |                                     |  |   |
|  | <b>First</b>                                | <b>Middle</b>                       | <b>Last</b>                            | <b>Household Number</b>                               |
| <b>Date:</b>                               | <input type="checkbox"/> <b>Application</b> |                                     | <input type="checkbox"/> <b>Review</b> | <input type="checkbox"/> <b>Re-budget</b>             |
| <b>Was retroactive coverage requested?</b> |   | <input type="checkbox"/> <b>Yes</b> |  | <input type="checkbox"/> <b>No</b>                    |
| <b>Budget Group (BG)<br/>Name</b>          | <b>DOB</b>                                  | <b>Relationship</b>                 | <b>Marital<br/>Status</b>              | <b>Non-Financial<br/>Criteria Met<br/>(Yes or No)</b> |
| 1.   |   |                                     |  |   |
| 2.   |   |                                     |  |   |
| 3.   |   |                                     |  |   |
| 4.   |   |                                     |  |   |
| 5.   |   |                                     |  |   |

<<< **NOTE: All figures entered on the worksheet are dollars and cents. DO NOT ROUND.** >>>

**SECTION I: INITIAL COMPUTATION OF INCOME**

|  |    |    |    |              |
|--|----|----|----|--------------|
| <b>Name of BG Member:</b>                                      |    |    |    | <b>TOTAL</b> |
| <<< <b>Earned Income</b> >>>                                   |    |    |    |              |
| 1. Gross Earned Income   | \$ | \$ | \$ | \$           |
| 2. Earned Income Disregard (50% or \$100.00 whichever applies) | \$ | \$ | \$ | \$           |
| 3. Subtotal Earned Income (1 – 2)                              | \$ | \$ | \$ | \$           |
| <<< <b>Unearned Income</b> >>>                                 |    |    |    |              |
| 4. Child Support Payments (Disregard first \$50.00)            | \$ | \$ | \$ | \$           |
| 5. SSA Benefits  | \$ | \$ | \$ | \$           |
| 6. VA Benefits   | \$ | \$ | \$ | \$           |
| 7. Unemployment Compensation                                   | \$ | \$ | \$ | \$           |
| 8. Contributions   | \$ | \$ | \$ | \$           |
| 9. Other   | \$ | \$ | \$ | \$           |
| 10. Subtotal Unearned Income (4 + 5 + 6 + 7 + 8 + 9)           | \$ | \$ | \$ | \$           |
| 11. Total Net Income (3 + 10)                                  | \$ | \$ | \$ | \$           |
| 12. Child Support Paid to Individuals Outside the Household    | \$ | \$ | \$ | \$           |
| 13. Allocation to Children Outside the BG                      | \$ | \$ | \$ | \$           |
| 14. Child Care/Incapacitated Adult Care Paid                   | \$ | \$ | \$ | \$           |
| 15. Countable Net Income (11 – 12 – 13 – 14)                   | \$ | \$ | \$ | \$           |

If Countable Net Income exceeds LIF Need Standard, family is not eligible.  
If Countable Net Income is less than or equal to LIF Need Standard, family meets income requirement.

|  |  |  |  |                             |
|--|--|--|--|-----------------------------|
| <<< <b>Budget Summary</b> >>>            |  |  |  |                             |
| <b>BG Size:</b>                          | <b>LIF Need Standard: \$</b>           | <b>Countable Net Income: \$</b>        |  |                             |
| <<< <b>Case Disposition</b> >>>          |  |  |  |                             |
| <input type="checkbox"/> <b>Approved</b> | <input type="checkbox"/> <b>Denied</b> | <input type="checkbox"/> <b>Closed</b> | <input type="checkbox"/> <b>Continued Eligible</b> | <b>Date of Eligibility:</b> |
| <b>Months of 50% Disregard Used</b>      |  |  |  |                             |
| <b>Mother</b>                            |  | <b>Father</b>                          |  | <b>Caretaker Relative</b>   |
| <b>Eligibility Worker's Signature</b>    |  |  |  | <b>Decision Date</b>        |
|  |  |  |  |                             |

## SECTION II: STEPPARENT BUDGETING

### INITIAL COMPUTATION OF INCOME

#### <<< Earned Income >>>

|                                       |    |
|---------------------------------------|----|
| 1. Stepparent's Gross Earned Income   | \$ |
| 2. Earned Income Disregard (\$100.00) | \$ |
| 3. Subtotal Earned Income (1 – 2)     | \$ |

#### <<< Unearned Income >>>

|   |    |
|---|----|
| 4. Child Support Payments (Disregard First \$50.00)   | \$ |
| 5. SSA Benefits   | \$ |
| 6. VA Benefits  | \$ |
| 7. Unemployment Compensation  | \$ |
| 8. Contributions  | \$ |
| 9. Other  | \$ |
| 10. Subtotal Unearned Income (4 + 5 + 6 + 7 + 8 + 9)  | \$ |
| 11. Stepparent's Total Net Income (3 + 10)  | \$ |
| 12. Amount Paid to Tax Dependents Outside the Household   | \$ |
| 13. Child Support Paid to Individuals Outside the Household   | \$ |
| 14. Child Care Paid   | \$ |
| 15. Incapacitated Adult Care Paid   | \$ |
| 16. Subtotal (12 + 13 + 14 + 15)  | \$ |
| 17. Stepparent's Countable Net Income (11 – 16)   | \$ |
| 18. LIF Need Standard for stepparent's household tax dependents not in BG, stepparent and natural parent. | \$ |

*If Stepparent's Countable Net Income (Item 17) exceeds the LIF Need Standard (Item 18), the natural parent is EXCLUDED from the primary budget group and his/her gross income is deemed to the primary budget group. (Complete Section I- Initial Computation of Income on the 1<sup>st</sup> page of worksheet.)*

*If Stepparent's Countable Net Income (Item 17) is equal to or less than the LIF Need Standard (Item 18), the natural parent is INCLUDED in the primary budget group. (Complete Section I- Initial Computation of Income on the 1<sup>st</sup> page of worksheet.)*